

LAUDERDALE COUNTY DETENTION FACILITY RESPONSE TO RESISTANCE REPORT

DATE: 5/24/14 TIME: 1949 LOCATION: Allen Swamp & Pine Springs Road.

DEPUTY/OFFICER'S NAME: Jacob Matusz CASE #: 2014 DD 7567

ON SCENE/NOTIFIED SUPERVISOR(S): Sgt. Cane

NUMBER 6 AND NAMES OF OTHER DEPUTIES/OFFICERS PRESENT: Trooper Moore (H24), Deputy Matuszewski
Deputy Anderson, Deputy Stevens, Deputy Thomas, Lt. Russell

ANY OTHER DEPUTIES/OFFICERS USE FORCE: Y/N IF YES, ADDITIONAL FORMS ATTACHED: Y/N

ANY DEPUTIES/OFFICERS INJURED: NO IF YES, NAME(S): _____

DESCRIBE INJURIES TO DEPUTY/OFFICER: _____

DEPUTY/OFFICER TREATED BY: FIRE DEPT _____ AMBULANCE HOSPITAL _____
ATTENDING PHYSICIAN _____ JAIL MEDICAL STAFF _____

NATURE OF INCIDENT: LOSS, LOSS

INCIDENT TYPE/REASON FOR USE OF FORCE (circle appropriate responses below):

Hostage Taker Suicidal Violent/Combative Offender Barricaded Resistive Restraint (for Offender's safety) Accidental Other

AT THE TIME OF THE INCIDENT, THE SUBJECT WAS (check appropriate responses below):

Under the influence of alcohol-illegal drugs/prescription drugs Mentally impaired Other: _____

CHARGES FILED AGAINST OFFENDER: Disregard for traffic device, DUI, Resisting Arrest

& Disturbing Conduct x3 SUSPECT BOOKED: Y/N

OFFENDER INFORMATION

NAME: Glenn D. Kasper ADDRESS: 8990 Massey Est Dr.

PHONE NUMBER: _____ SSN: XXXX-XXXX DATE OF BIRTH: 1/1/03

SEX M HEIGHT: 5'5 WEIGHT: 180 RACE: W DISABILITY(S): _____

DESCRIBE OFFENDER CLOTHING (heavy, light, thin, loose etc.): Light

ANY INJURIES TO OFFENDER PRIOR TO USE OF FORCE: NO Scratches & abrasion on the face

ANY INJURIES AFTER USE OF FORCE: NO Scratches & abrasions on the face

OFFENDER TREATED BY: FIRE DEPT NA AMBULANCE NA HOSPITAL NA
ATTENDING PHYSICIAN NA JAIL MEDICAL STAFF NA

TRANSPORTED BY: AMBULANCE SHERIFF'S DEPT OTHER ADMITTED Y/N

OTHER OFFENDERS/WITNESSES ON SCENE: NO

OFFENDERS/WITNESS (circle one) NAME: _____ PHONE # _____

OFFENDERS/WITNESS (circle one) NAME: _____ PHONE # _____

LAUDERDALE COUNTY DETENTION FACILITY

RESPONSE TO RESISTANCE REPORT

LEVELS OF RESISTANCE and CORRESPONDING LEVELS OF CONTROL/FORCE (check all that apply)

LEVEL 1 COMPLIANT: _____
 COOPERATIVE CONTROLS: _____

LEVEL 2 PASSIVELY RESISTANT: _____
 CONTACT CONTROLS: _____

LEVEL 3 ACTIVELY RESISTANT: Attempting free kick, & fight
 COMPLIANCE (chemical, takedown, taser etc.): _____

LEVEL 4 ASSAULTIVE (bodily harm): _____
 DEFENSIVE TACTICS (impact weapon, closed hand etc.): _____

LEVEL 5 ASSAULTIVE (serious threat of bodily harm or death): _____
 DEADLY FORCE: _____

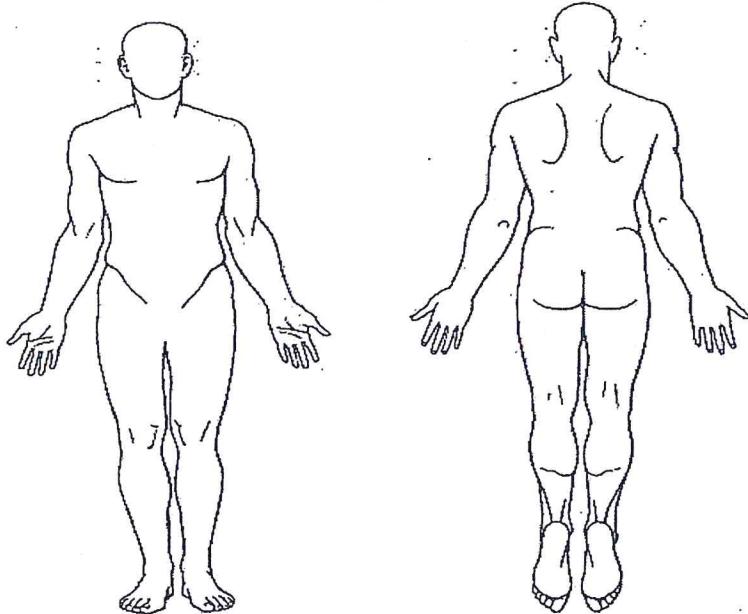
APPLICATION AREAS

Place a number in the location of the application of force on the diagram to the left.

Using the numbered area below, describe the type of force corresponding with the number on the diagram.

Example: 1. TASER Probe

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____



POST-INCIDENT OBSERVATION

IMMEDIATELY FOLLOWING INCIDENT: Hysterical & Angry

15 MINUTES FOLLOWING INCIDENT: Hysterical & Angry

30 MINUTES FOLLOWING INCIDENT: Hysterical & Angry

NARRATIVE/INCIDENT REPORT ATTACHED

SUPPLEMENTAL TASER/CHEMICAL SPRAY FORM ATTACHED

PHOTOGRAPHS TAKEN BY: Deputy Anderson

PHOTOGRAPHS ATTACHED

REPORTING DEPUTY/OFFICER SIGNATURE

DATE 5/25/14

SUPERVISOR SIGNATURE

DATE 5/25/14

DIVISION COMMANDER SIGNATURE

DATE 02 Oct 14

CHIEF DEPUTY'S SIGNATURE

DATE 10/2/14

SHERIFF'S SIGNATURE

DATE 1/27/15